

ISSUE SLIP STAPLE AREA (for additional cross references)

POS	INITIAL	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		12/23/01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	11/6
FORMALITY REVIEW	<i>[Signature]</i>	1122	11/19/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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TH JC 1118 11-19-01

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